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APPLICANTS

Carsten Herpel, Wennigsen, GERMANY;
 Dirk Randolph, Ronnenberg, GERMANY;
 Jobst Horentrup, Hannover, GERMANY;
 Ralf Ostermann, Hannover, GERMANY;
 Hartmut Peters, Barsinghausen, GERMANY;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Initials	GERMANY	2	10	3

ADDRESS

Thomson Licensing LLC
 P.O. Box 5312
 Two Independence Way
 PRINCETON, NJ 08543-5312
 UNITED STATES

TITLE

Removable Storage Medium for Audio-Visual Data

FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit